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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231		Attorney Docket No.	KSR-10082/05
		First Named Inventor	Larry G. Willemssen
		Original Patent Number	6,453,767
		Original Patent Issue Date (Month/Day/Year)	Sep. 24, 2002
		Express Mail Label No.	EV 339612850 US
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable)			
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		11. <input type="checkbox"/> Original U.S. Patent for surrender	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		<input type="checkbox"/> Ribboned Original Patent Grant	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		<input type="checkbox"/> Statement of Loss (PTO/SB/55)	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
6. <input checked="" type="checkbox"/> Power of Attorney		13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		15. <input type="checkbox"/> Preliminary Amendment	
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)		16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		17. Other: _____	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies			
18. CORRESPONDENCE ADDRESS			
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THOMAS E. ANDERSON

Registration No. (Attorney/Agent)

31,318

Signature

Date

01/26/02

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18351 U.S. PTO
07/08/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

KSR-10082/08

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 5	Total Claims (37 CFR 1.16(j))	(B) 10	****	= x \$ 9 =	\$0	or	x \$ 18 =	\$0
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 3	*	= x \$ 42 =	\$0		x \$ 84 =	\$0
Basic Fee (37 CFR					\$375			\$750
Total Filing Fee					\$375			\$750

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	MINUS	**	= x \$ 9 =	\$0		x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= x \$ 42 =	\$0		x \$ 84 =	\$0
Total Additional Fee					\$0	OR		\$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is _____.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 07-1180.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 750 to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

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4/25/03
Date

Signature of Applicant, Attorney or Agent of Record

THOMAS E. ANDERSON

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patentee: Larry G. Willemsen

Patent No.: 6,453,767

Issue Date: September 24, 2002

Title: ADJUSTABLE VEHICLE CONTROL PEDALS

STATUS OF CLAIMS AND SUPPORT FOR CLAIM CHANGES

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

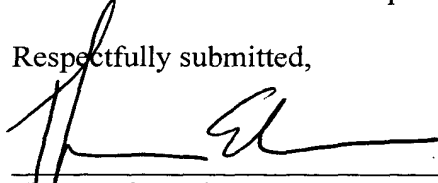
Dear Sir:

Pursuant to provisions of 35 U.S.C. §251 and 37 C.F.R. 1.171-1.179, Applicant hereby respectfully submits a demand for reissue of the above-identified U.S. Patent No. 6,275,992.

Applicant respectfully requests that the above-identified patent be amended to include newly added claims 6-10. Support for the new claims, is found throughout the specification and drawings of the above-identified patent, particularly in Figs. 15-17, as described in column 8, lines 29-67, and column 9, lines 1-65, and column 10, lines 1-35.

Pursuant to this demand for re-issue, claims 1-5 of the above-identified patent are now pending.

Respectfully submitted,



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